

ADOPTION READINESS AND PREPARATION

Use of form: A child's successful adoption involves a planning process that begins early. Consultation and staffings are critical for each child's success. The following are guidelines to lead discussion among professional child welfare staff in the planning process. This is NOT all-inclusive and is designed as a tool. The topics below are meant to guide discussion that should be based upon the individual child's developmental capabilities.

NOTE: Review the Intake Policy of the Department of Health and Family Services, Adoption and Consultation Section and legislation such as adherence to the mandatory placement requirements identified in the Indian Child Welfare Act (ICWA) and the Multi-Ethnic Placement Act.

Name – Child (Last, First, MI)		Birthdate – Child (mm/dd/yyyy)	
Name – Child's County of Residence	Name – Case Worker Completing Form		Name – Region
Date – Form Started (mm/dd/yyyy)	Revision Date(s) (mm/dd/yyyy)		Date – Form Completed (mm/dd/yyyy)

☐ Yes ☐ No Is this an ICWA case? If "Yes" provide tribal name and contact person.

Name – Tribe: _____

Name – Contact Person: _____ Telephone No.: _____

☐ Yes ☐ No Is this placement approved by the Tribe? Explain.

I. CHILD'S CURRENT PLACEMENT

The child is either in a "family" setting or a "treatment" setting. Select the appropriate section and answer the questions regarding the child's current living arrangement.

☐ **FAMILY SETTING**

A. The child currently resides in a:

☐ Treatment Foster Home ☐ Foster Home

☐ Yes ☐ No ☐ N/A If the child is Native American does the placement meet the requirements specified in ICWA?
Explain actions taken.

☐ Yes ☐ No Has the foster or treatment foster parent indicated a desire to adopt?

☐ Yes ☐ No Is this provider able to meet the long-term needs of the child? Explain.

☐ **Relative / Kinship Care Home**

☐ Yes ☐ No Has the relative or kinship care provider indicated a desire to adopt?

☐ Yes ☐ No Is the home licensable? Explain actions taken.

☐ Yes ☐ No If the home is licensable, has a Foster Family Assessment (FFA) / Adoptive Family Assessment (AFA) been completed? Explain.

If the caretaker as identified above, has not indicated a desire to adopt, what services might help the family to make an adoptive commitment to the child?

B. ☐ Yes ☐ No ☐ N/A Is the current placement an appropriate permanent placement setting for the child?

C. Describe the setting in which the child resides:

☐ **TREATMENT SETTING**

A. The child currently resides in a: ☐ Medical facility ☐ Group home ☐ Residential care center ☐ Correctional facility

B. Describe the setting in which the child resides.

☐ Yes ☐ No ☐ N/A If the child is Native American does the placement meet the requirements specified in ICWA? Explain.

C. ☐ Yes ☐ No Is the indicated placement the least restrictive setting for the child? If "No," explain.

☐ Yes ☐ No Has the child completed the treatment plan? If "No", anticipated completion date (mm/dd/yyyy): _____

☐ Yes ☐ No ☐ N/A Has the child demonstrated the ability to adapt to a family setting with ordinary placement preparation (preparation completion in three months or less)? If "No" or "N/A", what barriers exist with regard to the child's transition and adaptation to a family setting?

II. SIBLING PLACEMENT CONSIDERATIONS

A. ☐ Yes ☐ No Does the child have siblings in care? If "No", proceed to section III.

B. ☐ Yes ☐ No Are the siblings currently placed together?

☐ Yes ☐ No ☐ N/A If placed together currently, is the plan to maintain their placement together in an adoptive home?

☐ Yes ☐ No ☐ N/A Does the child have siblings with whom he / she should be placed if not together currently?
If "Yes", list siblings.

☐ N/A What are the recommendations for ongoing contact with siblings?

☐ N/A If not placed together currently, describe the process that led to the decision to separate the children in foster care.

☐ Yes ☐ No ☐ N/A If the appropriateness of placement together is undetermined, is evaluation by a therapist needed regarding sibling reunification?

III. FAMILY CONSIDERATIONS

A. ☐ Yes ☐ No Is the child continuing visits with birth mother or birth father?

B. ☐ Yes ☐ No Is the child hoping for or expecting reunification with the birth parents? If "Yes", explain.

C. ☐ Yes ☐ No Have birth family members been thoroughly explored as resources? If "No", explain.

D. ☐ Yes ☐ No Does a relationship exist between the child and another family member that is beneficial to the child? If "Yes", identify the family member(s) and describe the nature of the relationship / attachment.

E. ☐ Yes ☐ No If this is an Indian child, has the Indian custodian been thoroughly explored as a resource? Explain.

IV. CHILD'S UNDERSTANDING AND FUNCTIONING

A. ☐ Yes ☐ No ☐ N/A Does the child understand the concept of termination of parental rights (TPR)? If "No", describe factors that might affect the child's ability to understand TPR.

B. ☐ Yes ☐ No ☐ N/A Does the child understand the concept of adoption? If "No", describe factors that might affect the child's ability to understand and be able to express wishes around the concept of adoption.

C. ☐ Yes ☐ No ☐ N/A What does the child say he / she wants for a future living situation? ("I want to live with birthparents, live with sibs, stay with foster parents", etc.)

D. ☐ Yes ☐ No ☐ N/A Has the idea of adoption been presented to the child?

If "Yes", who has presented the idea of adoption to the child?

☐ Therapist ☐ County worker ☐ Permanency consultant ☐ Tribal worker ☐ Foster parent ☐ Other

Date presented to child (mm/dd/yyyy):

What issues were discussed?

E. ☐ Yes ☐ No ☐ N/A Is the child currently willing to participate in an adoption plan. If "No", explain.

F. ☐ Yes ☐ No ☐ N/A Is the child currently willing and able to work through grief and loss issues? If "No", explain.

V. ATTACHMENT

A. ☐ Yes ☐ No Is the child attached to the current caretaker? If "Yes", describe the relationship.

B. ☐ Yes ☐ No Has the child made previous healthy attachments? If "Yes", explain.

If "No", what is the child's capacity to attach to a caretaker?

VI COUNSELING AND OTHER SERVICE NEEDS

A. ☐ Yes ☐ No Does the child currently have a therapist? If "Yes", list name(s) of therapist(s) and length of time services have been provided.

B. ☐ Yes ☐ No Does the child have a diagnosis? Explain.

C. What evaluations of the child have been completed? Include dates and conclusions.

D. What other evaluation, culturally relevant services, or assistance are indicated for the child?

VII ADOPTIVE PLACEMENT CONSIDERATIONS AND READINESS

A. Are there **potential adoptive resources** for the child?

☐ Unknown. List recruitment methods to be utilized.

☐ Yes. List contact information including potential adoptive family and agency.

☐ No. Explain why child is unable to be matched with an adoptive family at this time. What characteristics are needed for adoption resource?

If "No", what is the most appropriate permanency plan for the child at this time?

☐ Long-term foster care ☐ Sustaining care (48.428) ☐ Kinship care ☐ Guardianship with a relative (48.977)

VIII SUMMARY AND RECOMMENDATION

Summarize the child's information above, to include any strengths, challenges or unmet needs.

Provide the resulting *Recommendation* regarding the child's readiness for adoption and, when applicable, any steps deemed necessary to improve the child's potential for readiness.
